

Idaho State Parks & Recreation is an Equal Opportunity/Affirmative Action Employer. It is our policy to recruit and hire qualified persons without regard to race, color, gender, religion, national origin, age, disability, or veteran status.

This application will be used to determine your qualifications for the Trail Ranger Program. Please read the application carefully, write legibly, and complete all of the information requested.

APPLICATION FOR EMPLOYMENT

IDAHO DEPARTMENT OF PARKS & RECREATION

MAIL APPLICATIONS DIRECTLY TO:
TRAIL RANGER PROGRAM
IDAHO DEPARTMENT OF PARKS AND RECREATION
P.O. BOX 83720
BOISE ID 83720-0065



Name

Mailing Address

CityStateZip

Home PhoneMessage Phone

Date You Can Report to Work

Last Date You Can Work

I Can Work: Early ShiftsWeekendsLate ShiftsHolidays

Yes	No	Check "Yes" or "No" to each of the following questions or statements:
		1. I certify that I am a US citizen, permanent resident, or Foreign National with authorization to work in the United States
		2. Have you worked for Idaho Parks & Recreation before? Where?
		3. Are you at least 18 years of age? (Required)
		4. I certify that I am in compliance with the provisions of the Selective Service Act (50 U.S.C. Appendix, War and National Defense Sections 451-473) and Idaho Code (Section 451-501 et seq.)
		5. Do you have or are you willing to obtain a driver's license?
		6. Are you willing to work in extreme heat, rain, or cold?
		7. Are you willing and able to locate your own housing and transportation for the season?
		8. Do you have current STANDARD FIRST AID CERTIFICATION? Expiration Date:_____
		9. Do you have a current CPR CERTIFICATE? Expiration Date:_____ What Kind? Adult_____ Child_____ Infant_____
		10. Except for a minor traffic offense, have you ever entered a plea of guilty, no contest, or had a withheld judgement to a felony?

JOB RELATED EXPERIENCE

Employer

Phone

to

City/State

Dates of Employment

DUTIES:

Reason for Leaving:

Employer

Phone

to

City/State

Dates of Employment

DUTIES:

Reason for Leaving:

Employer

Phone

to

City/State

Dates of Employment

DUTIES:

Reason for Leaving:

Employer

Phone

to

City/State

Dates of Employment

DUTIES:

Reason for Leaving:

COMPLETE REVERSE SIDE - YOU MAY ATTACH ADDITIONAL INFORMATION IF YOU WISH

District(s) you would prefer to work out of. Please circle the districts that apply

Boise Coeur d’ Alene Idaho Falls

Information requested is VOLUNTARY. Data will be used to monitor our recruitment and selection practices and will be kept separate from application. Male____; Female____; Over 40 years of age____; Black____; White____; Hispanic____; Asian American____; Native American Indian____. Park applied for_____ How did you hear about this job?_____

-----Staff Detach Here-----

JOB RELATED SKILLS: includes skills for Trail Rangers. You will be evaluated based on the job(s) applied for.

For each item, put a number from 1 to 5 which best describes your experience. Use the following key to decide which number to choose.

- KEY:
- 1. I am not willing to do this.
 - 2. I have not done this before, but am willing to learn.
 - 3. I know how to do this, but have no on-the-job experience.
 - 4. I have some experience in this OR have received training in this.
 - 5. This is a major task in my current and/or previous job(s).

TRAIL MAINTENANCE:

_____ Felling Trees	_____ Installing, cleaning, waterbars and drain dips
_____ Rebuilding Trail Tread	_____ Trimming Brush
_____ Blazing, Signing, Marking	_____ Map and Compass Reading

EQUIPMENT OPERATION

_____ Chain Saw	_____ Off-Highway Motorcycle
_____ Pulaski	_____ Truck (manual shift)
_____ Other: List _____	

OFFICE/CLERICAL:

_____ Checking records for accuracy	_____ Answering business telephone
_____ Logging or posting information	
_____ Computer operation	
_____ Typing: WPM_____	

PUBLIC RELATIONS & INTERPRETATION:

_____ Giving talks to groups (specify)_____
_____ Conducting research (specify)_____

SUPERVISION:

_____ Scheduling & assigning work to others	_____ Training others
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COMPLETE THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY:

1) how many years have you been riding single track trails?

2) Are you willing to spend up to eight days away from home?

3) Are you confident in your ability to change a flat motorcycle tire in the field?

4) What is the procedure for changing a drowned out (water logged) motorcycle? What do you do when you get back to camp?

5) Give the name of a trail, including the trail number, National Forest District and drainage, that you feel is the most difficult trail you have ever ridden.

6) Why is the trail in question 6 so difficult?

7) What is a Pulaski and what can it be used for in trail maintenance?

8) What riding areas are you familiar with in Idaho?

DESCRIBE YOUR EXPERIENCE ON MAINTENANCE AND REPAIR OF MOTORCYCLES AND CHAINSAWS: _____

Other qualifications: (college courses, volunteer work, languages, skills, hobbies, etc.)

PRINT FULL NAME _____ DATE _____

SIGNATURE _____ SOCIAL SECURITY NUMBER _____

By my signature, I certify this application is true and complete to the best of my knowledge. I understand that if I falsified the information, my name will be removed from consideration, or my employment with the State terminated. My signature also authorizes you to conduct inquiries into my work record and performance with my employer.